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Administrative Office of the Courts  
BY \_\_\_\_\_

JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING  
DECEMBER 31, 2009

RECEIVED

AUG 05 2009

GENERAL INFORMATION

COMMISSION  
ON ETHICS

1. Name Joseph S. Sciscento
2. Title Justice of the peace Dept 2
3. Mailing address 3641 Algonquin Dr Las Vegas NV 89169
4. Length of residence in Nevada 19 years
5. County in which you are registered to vote Clark County
6. Length of residence in the county in which you are registered to vote 19 years

COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES

7. Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additional sheets if necessary.

Date	Nature and Place of Activity	Name of Payor	Amount
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME

8. Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii). Attach additional sheets if necessary.

Source of Income	Recipient
<u>CLARK County District Court</u>	<u>AMALIA Sciscento</u>
<u>Rental property</u>	<u>AMALIA Sciscento</u>
_____	_____
_____	_____

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**REAL PROPERTY**

9. Disclose the specific location, nature, and particular use of any real estate which has a fair market value of \$2,500 or more, other than your personal residence, in which you or a member of your household has a legal or beneficial interest, and is located in Nevada or any adjacent state. See Canon 4I(2)(a)(iv). Specific addresses are required – list the street address or legal description. You must designate whether the property is unimproved vacant land, agricultural land, commercial building, apartments, single-family, rental, etc. Attach additional sheets if necessary.

<i>Specific Location</i>	<i>Nature/Particular Use</i>	<i>Interest Holder</i>
3641 ALGONQUIN NV	RESIDENTIAL - Single fam	EMC MORTGAGE
10600 LACEY VINE APTOR	RENTAL - Single fam	FLAGSTAR BANK

**CREDITORS**

10. Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more unless: (a) the debt is secured by a mortgage or deed of trust on real property which is not required to be listed under question 9 above, or (b) the debt is one for which a security interest in a motor vehicle for personal use was retained by the seller or its assignee or designee. See Canon 4I(2)(a)(v). Attach additional sheets if necessary.

<i>Name of Creditor</i>	<i>Name of Debtor</i>
SALLIE MAE	Joseph S. Sciscento
USAIRWAYS credit card	Joseph S. Sciscento
USAIRWAYS credit card	AMALIA Sciscento

**BUSINESS ENTITIES**

11. List each business entity in which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner (in whole or in part), limited or general partner, or holder of any class of stock or security representing one percent or more of the total outstanding stock or securities issued by the business entity. See Canon 4I(2)(a)(vi). Attach additional sheets if necessary.

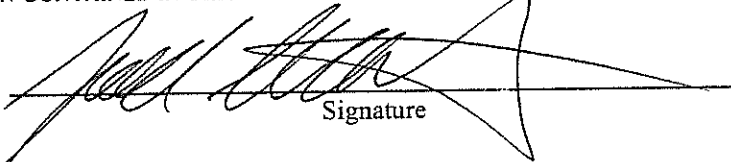
<i>Business Entity</i>	<i>Nature of Involvement</i>	<i>Person Involved</i>
ANTIETAM LLC	Partner Limited	AMALIA Sciscento

**GIFTS, BEQUESTS, FAVORS, OR LOANS**

12. Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded \$200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. *See especially Canon 4D(5)(h) and 4I(2)(a)(vii).* Attach additional sheets if necessary.

<i>Date</i>	<i>Name and Place of Gift</i>	<i>Name of Donor</i>	<i>Amount</i>
<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

7.27.09                        
 Date                                      Signature

File this form with the State Court Administrator.

Deliver or mail to:

State Court Administrator  
 Administrative Office of the Courts  
 201 S. Carson Street, Suite 250  
 Carson City, Nevada 89701-4702

Telephone: (775) 684-1700